

#13



ATTORNEY DOCKET NO.: 5615

PATENT APPLICATION

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Hendricks, John S.

Confirmation No.:

Application No.: 09/252,485

Examiner: C. Grant

Filing Date: February 18, 1999

Group Art Unit: 2611

Title: TERMINAL WITH MULTIPLE AUDIO AND VIDEO

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

In an Office Action mailed on April 10, 2003, on the above-identified application, a shortened statutory period of 3 months was set for response. In accordance with 37 C.F.R. 1.136(a), applicant(s) hereby request(s) a:

- ☐ one month
- ☐ two months
- ☒ three months
- ☐ four months

time extension so that the period for response to the Office Action expires on October 10, 2003.

Authorization to charge the fee required by 37 CFR 1.17 to Deposit Account No. 50-2849 appears in the accompanying transmittal letter. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account No. 50-2849 pursuant to 37 CFR 1.25.

**ANDREWS KURTH LLP**  
Intellectual Property Department  
1701 Pennsylvania Avenue, N.W.  
Suite 300  
Washington, D.C. 20006  
Telephone No.: (202) 662-2700  
Facsimile No.: (202) 662-2739

Respectfully submitted,  
  
**Sean S. Wooden**  
Attorney/Agent for Applicant(s)  
Reg. No. 43,997

Date: **October 21, 2003**

10/22/2003 HDENESS1 00000054 502849 09252485  
02 FC:1253 950.00 DA

10/22/2003 09/17/2004 RYKLOK  
10/22/2003 00000054 502849 09252485  
550.00 CR

**RECEIVED**  
OCT 23 2003  
OFFICE OF PETITIONS

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 2-13-04

2 Serial/Patent # 09252485

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

Amendment

✓ Extension of Time

#13

10-21-03

\$ 950.00

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

7 TOTAL AMOUNT  
OF REFUND

\$ 950.00

8 TO BE REFUNDED BY:

Treasury Check

✓ Credit Deposit A/C #:

9 

5	0	--	2	8	4	9
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10 REASON:

Overpayment

✓ Duplicate Payment

✓ No Fee Due (Explanation):

Extension of time filed outside of maximum  
extendable timeframe.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Hana Chase

TITLE: Paralegal

SIGNATURE: Hana Chase

PHONE: 306-0482

OFFICE: Otc of Petitions

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 2/17/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: